

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Academy of Pediatric Dentistry Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr. David M. Miller**

Mailing Address PO Box 206 8011 Robin Hill Rd

City

Newburgh

State

IN

Zip Code

47629-0206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2013

**Transaction ID : SA11Al.16503**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr. Jade Miller**

Mailing Address 517 Hammill Ln

City

Reno

State

NV

Zip Code

89511-1004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2013

**Transaction ID : SA11Al.16620**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr. Margaret A. Miller**

Mailing Address 534 Redbird Cir

City

De Pere

State

WI

Zip Code

54115-8785

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Children's Dental Clinic Of Green Bay

Occupation

Pediatric Dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2013

**Transaction ID : SA11Al.16681**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

750.00

**TOTAL** This Period (last page this line number only)..... ►